06191

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) D. (Last) Dickerson M.D.
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 26 1867
9. AGE last birthday 11/8/2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Medical Doctor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas J. Dickerson
14. MOTHER'S MAIDEN NAME Sallie Darmane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Maggie J. Dickerson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia — Unk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & chr. myocarditis

443
93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1946, 19....., to 6/28, 1949, that I last saw the deceased alive on 6/28, 1949, and that death occurred at 9.45P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED 6/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 30/49
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) Stockton, Worcester (State) Md

DATE REC'D BY LOCAL REG. June 30, 1949
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Alan E. Emmis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

06192

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ---

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop, Md. R. F. D.
STREET ADDRESS (If rural, give location): ---

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edw. (Last) Haddox

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 3, 1876

9. AGE last birthday: 72 yrs. If under 1 year: Months. If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Levan F. Haddox

14. MOTHER'S MAIDEN NAME: Elizabeth Faskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If year, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Mrs. Susie A. Haddox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 / 134

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 9 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease — Interval between onset and death: 1½ years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Bishop R. F. D. (COUNTY) Worcester, (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 4, 1949 12:35 am

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20 19 48, to June 4, 19 49, that I last saw the deceased alive on June 4, 19 49, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE: W. Garrett Hume (Degree or title) M.D. — ADDRESS: W. Garrett Hume M.D. Salisbury Delaware — DATE SIGNED: 6/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 6, 1949 — NAME OF CEMETERY OR CREMATORY: Melsons Cemetery — LOCATION (City, town, or county) (State): Pittsville, Md.

DATE REC'D BY LOCAL REG.: 6/5/49 — REGISTRAR'S SIGNATURE: H. Roy Bergey

24. FUNERAL DIRECTOR: M. Pasha Watson — ADDRESS:

8

FIRST REC'D 7-12-49 ON PINK COPY — (ONFICE 2 for 1 drawer)
THIS ORIG. SENT OUT FOR SIGNATURE - REC'D. 7-18-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06193

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Worcester — STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Louise | Conklin | Harmon. | June | 16 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Nov. 20, 1889 | 59 yrs. | 6 | 26 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | | Berlin, Md | U S A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Frank Harmon | Emma Jones. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | | Mrs. Louise Harmon |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic Degenerative Myocarditis | 2 yrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Bronchitis & Chronic | 5 yrs |
| | (c) Bronchiectasis & Emphysema | |

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93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 15 Jun, 1949, to 16 Jun, 1949, that I last saw the deceased alive on 16 Jun, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Hermann Rabkin | M D | Berlin Md | 18 June 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/19/49 | Evergreen | Berlin Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-19-49 | Helen T. Hayward | Anna A. Burbage | |

VS. A15

RECEIVED
JUN 25 1949
BUREAU V. S.

06194

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Pocomoke City Md.

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) (Last) Juris

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/3/31
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Horntown, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charlie Henderson
14. MOTHER'S MAIDEN NAME Florence Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT Herman Juris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 1 hr |
| Antecedent cause(s) | (b) None known | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None known

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to June 4, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE R B Parker (Degree or title) MD ADDRESS Temperanceville Pa DATE SIGNED 6-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/8/49
NAME OF CEMETERY OR CREMATORY Horntown
LOCATION (City, town, or county) (State) Accomack, Va.

DATE REC'D BY LOCAL REG. June 8, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Booker M. West — ADDRESS Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06195

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1908 Florida Ave N.W.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | Stott | Miles. | June | 23 | 1949. |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | July 31 1878 | 70 yrs. | 10 | 24 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | West Chester-Pa | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William A. Stott | Clara Armstrong |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | General Perry L. Miles. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage massive | Ten minutes |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral hemorrhage Feb 49. | 4 months. |
| 331 / 93a | (c) Chr. Cong heart failure, Coronary thrombosis 4 years ago. | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | None | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 15, 1949, to June 23, 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at 10:15 m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Howard J. | | Ocean City, Maryland | June 24, 49. |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, Town, or County) | (State) |
|---|---|---|---|---|
| Burial | 6/28/49 | Arlington | Washington | D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-24-49 | Helen F. Hayward | Emma A. Bishop | Berlin Md |

VS. A15

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JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

06196

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bishop
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop - Rural.
STREET ADDRESS (If rural, give location) Settlement known as Little Georgetown

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Frank (Last) Morris
4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH 7/8/1868
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John B. Morris
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Olive B. Morris (Mrs.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331 Immediate cause | (a) Cerebral Hemorrhage | ? |
| 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension and Arteriosclerosis | Yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unimportant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE) None
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Natural Causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Fred Swaesche, M.D. (Degree or title) ADDRESS Snow Hill, Md DATE SIGNED 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 16 1949
NAME OF CEMETERY OR CREMATORY Roxana Cemetery
LOCATION (City, town, or county) Roxana (State) Delaware

DATE REC'D BY LOCAL REG. 6/14/49
REGISTRAR'S SIGNATURE H. Roy Bergey
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUN 20 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06197

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pocomoke COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke md
STREET ADDRESS (If rural, give location) 501 Bonneville ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Nutter

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1949

5. SEX Female
6. COLOR OR RACE a.a.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 5 1857
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sanford Nutter
14. MOTHER'S MAIDEN NAME Sallie Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Mathew H Nutter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hypertension | 5 K. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) C. myocarditis | years |
| | (c) | |

443
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Over exertion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to June 6, 1949, that I last saw the deceased alive on June 4th, 1949 and that death occurred at 11 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. Sartorius MD. ADDRESS Pocomoke City Md DATE SIGNED 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 13, 1949
NAME OF CEMETERY OR CREMATORY Hall's Hill
LOCATION (City, town, or county) Pocomoke City (State) md

DATE REC'D BY LOCAL REG. June 8, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR James R. Stewart ADDRESS Salisbury, Md.

RECEIVED
JUN 10 1949
BUREAU F. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06198

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
STREET ADDRESS (If rural give location) 1/2 mile of Pocomoke (Wm. Mason farm)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) REW

4. DATE OF DEATH (Month) June (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 29 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chicken Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Rew
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mr Carl M. Rew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bullet through Right temple — Instantaneous

976 Antecedent cause(s) Suicide by firearm

164c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Melancholy from recent financial losses

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bishome near Pocomoke City (CITY OR TOWN) Worcester (COUNTY) Md (STATE)
TIME OF INJURY (Month) June (Day) 25 (Year) 49 (Hour) 11 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Bullet wound

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on June 25 1949 and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE N. E. Cartonus (Degree or title) MD ADDRESS Pocomoke City Md DATE SIGNED 6/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 27, 1949
NAME OF CEMETERY OR CREMATORY Groton Cemetery
LOCATION (City, town, or county) Hallwood, Accomac (State) Va.

DATE REC'D BY LOCAL REG. June 28, 1949
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU V. S.

06199

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Dale (Last) Richardson

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 26, 1867
9. AGE last birthday 81 yrs. If under 1 year: Months 11 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Solomon M. Richardson
14. MOTHER'S MAIDEN NAME Sally Elizabeth Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. J. D. Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerotic cardio renal disease | 10 mos |
| 442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis | 3 years |
| 131a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1946, to 24 June, 1949, that I last saw the deceased alive on 24 June, 1949 and that death occurred at 3.25 Am., from the causes and on the date stated above.

SIGNATURE Nathaniel R. Thomas (Degree or title) MD ADDRESS Ocean City, Md DATE SIGNED 24 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/26/49
NAME OF CEMETERY OR CREMATORY Bowen
LOCATION (City, town, or county) Newark (State) Md

DATE REC'D BY LOCAL REG. 6-25-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06200

# CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERLIN. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILADELPHIA.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FANNY (Middle) MASSEY (Last) SCOTT

4. DATE OF DEATH (Month) JUNE (Day) 11 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH OCT. 4, 1869
9. AGE last birthday 79 yrs. If under 1 year Months 8 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BERLIN, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JAMES MASSEY
14. MOTHER'S MAIDEN NAME HESTER LYNCH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT MRS. T. Y. FRANKLIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hemorrhage, Cerebral, et Perinenal | 5 Days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Atherosclerosis generalized | 2 days |
| | (c) | |

331
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Jun, 1949, to 11th Jun 1949, that I last saw the deceased alive on 11 Jun, 1949, and that death occurred at 2 45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Hermann A. Rabbin MD Berlin, Md 13 Jun 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6/14/49
NAME OF CEMETERY OR CREMATORY ARLINGTON
LOCATION (City, town, or county) DREXEL HILL (State) PA

DATE REC'D BY LOCAL REG. 6-14-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

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RECEIVED
JUN 20 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06201

Reg. Diat. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-151

**1. PLACE OF DEATH:**
County: Worcester
City or town: Bishop Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Md. County: Wosir.
City or town: Bishop - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Evelyn Simpson

**3.(b) Social Security Number:** 183-20-6621

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | colored | widowed |

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1900-7-3

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 48 | 9 | 11 | ..... hrs. ..... min. |

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Willie Simpson
13. Birthplace

MOTHER
14. Maiden name: Lizzie Waters
15. Birthplace: Md.

16. Informant: Durant Simpson
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-18-49 (month) (day) (year)
Cemetery or crematory: Showell cemetery
Location: Showell, Md.
18. Funeral director: Henry W. Watson
Address: Pocomoke City, Md.
19. 6-15 1949 (Date rec'd by registrar) H. Ray Bergey Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: June 14 1949, at 6:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1947, to June 14 1949
aed that I last saw h.er alive on June 14 1949

| Immediate cause of death | DURATION |
|---|---|
| Hypertensive Cardio vase | |
| Renal disease | 5 yrs. |
| Due to | |
| Due to | |
| Other conditions | |

443
1310 (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert S. Long M. D. or other
Address: Frankford Del Date signed 6-15-49

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06202

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
STREET ADDRESS (If rural give location):

**3. NAME OF DECEASED** (Type or Print): (First) Emory (Middle) Wilson (Last) Somerville

**4. DATE OF DEATH**: (Month) June (Day) 5 (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Dec. 13, 1862 | 86 yrs. | 5 | 24 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired minister | | Pennsylvania | U.S.A. |

13. FATHER'S NAME: Abner Somerville
14. MOTHER'S MAIDEN NAME: Lucinda Dawson

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| no | | Mr. Francis Somerville |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 6 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | |
| 331 83a | (c) Hypertension | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | None | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | Berlin | Worcester | Md. |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from May, 1949, to June, 1949, that I last saw the deceased alive on 6/4, 1949, and that death occurred at 4:20 AM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| T. J. O'Donnell | M.D. | Berlin | Md. |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6/7/49 | Phillips | Western Port Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 6-6-49 | Helen F. Hayward | Anna R. Burbage | Berlin, Md. |

RECEIVED
JUN 10 1949
BUREAU V. S.

06203

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: Berlin Md BR #2
COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): at his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Md BR #2
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Lee (Last) Timmons

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 27-1905
9. AGE last birthday: 43 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Worcester Co
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harry Timmons
14. MOTHER'S MAIDEN NAME: Kate Massey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217035933
17. INFORMANT: Mabel Adkins Timmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute alcoholism — INTERVAL BETWEEN ONSET AND DEATH: week.

322.1 13c

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tb. Heart trouble — Tb - 2 yrs Heart [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on dead 6/10, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: N. E. Partouns (Degree or title) ADDRESS: MD, Pocomoke City Md DATE SIGNED: 6/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/13/49
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 6-19-49
REGISTRAR'S SIGNATURE: Helen F. Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JUN 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06204

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin RFD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin RFD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Ann (Last) Timmons.
4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949.
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH June 18, 1945
9. AGE last birthday 4 yrs. If under 1 year Months 0 Days 9 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William H. Timmons.
14. MOTHER'S MAIDEN NAME Florence Littleton.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. W. H. Timmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

272 Immediate cause (a) Acute cold. (Respiratory)

62 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelio 3 yrs ago.

(c) Blind & Acromegly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Berlin (COUNTY) Worcester (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20-, 1949, to 6-25-, 1949, that I last saw the deceased alive on 6-25, 1949, and that death occurred at 6:27.5 A.m., from the causes and on the date stated above.

SIGNATURE Chas R. Law (Degree or title) MD. ADDRESS DATE SIGNED 6-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/28/49
NAME OF CEMETERY OR CREMATORY Riverside
LOCATION (City, town, or county) Berlin (State) Md RFD
DATE REC'D BY LOCAL REG. 6-29-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 6 1949
BUREAU V. S.

06205

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Angeline (Middle) (Last) Togus
4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Edmund Johnson, Judge.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Fall down Stairs | |
| 900.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture 6th Cervical Vertebra | 15 " |
| 186a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE OF DEATH. PRIMARY ☒ OR CONTRIBUTING ☐
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ocean City (COUNTY) Worcester (STATE) Md.
TIME OF INJURY (Month) 6 (Day) 11 (Year) 49 (Hour) 8 00 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down steps.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said ~~Autopsy, Inspection or Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. Waesche, M.D. (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 6/11/49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF June 15 49 NAME OF CEMETERY OR CREMATORY Snow Hill, St. James LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 6-15-49 REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR James P. Stewart, ADDRESS Salisbury, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06206

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke | LENGTH OF STAY (in this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) TYNDALL

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 9, 1878

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bevard

14. MOTHER'S MAIDEN NAME: Sadie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — | (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr Roy Tyndall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure, Ventricular Fibrillation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis — Interval between onset and death: 1 Month

(c) Hypertension, Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1949, to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles N. Trader MD | ADDRESS: Pocomoke City, Md | DATE SIGNED: 6-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 10, 1949 | NAME OF CEMETERY OR CREMATORY: Groton Cemetery | LOCATION (City, town, or county) (State): Shell Wood, Accomac, Va.

DATE REC'D BY LOCAL REG.: June 9, 1949 | REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson | ADDRESS: Pocomoke, Md.

VS. A15

RECEIVED
JUN 11 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Worcester COUNTY md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin md
STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) White

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1949

5. SEX male

6. COLOR OR RACE a

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH about 1858

9. AGE last birthday 91 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Worcester Co Md

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George White

14. MOTHER'S MAIDEN NAME Julia Hassett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. na

17. INFORMANT Charles White

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592
131a

Immediate cause (a) Chr. Myocarditis — Interval Between Onset and Death: 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Berlin (CITY OR TOWN) Worcester (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1949, to June 14, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Chas R. Law M.D. (Degree or Title) ADDRESS DATE SIGNED June 14-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 17

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 6-16 49

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR James H. Stewart ADDRESS Salisbury Md

RECEIVED
JUN 20 1949
BUREAU V. S.